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necessary to go, after acceptance; two cases improved so as to go home to Ireland. Few of the cases were in the incipient stage, but were so far advanced that no marked improvement could be expected.

Such a camp as the above is in no way to be compared with a properly-equipped sanatorium, but it admirably supplements the treatment given at home by physicians or the hospitals to a large class of consumptives who cannot be in such institutions.

PROBLEMS IN PRIVATE NURSING

By A LAKESIDE GRADUATE,
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PROBABLY the most difficult of problems are those which can be overcome with the coöperation of institutional workers and private nurses.

Much has been done toward the specifying of a nurse's duty in a private home, and now we seldom go into a home where it is not understood that the nurse has only to deal with the patient and is not expected to attend to the management of the household, servants, etc. In an emergency, however, the tactful nurse rises to the occasion and manages servants and friends to the best of her ability. "What can't be cured must be endured," and best of all does this apply to the sometimes troublesome problem of friends or servants, which are always with us. Each nurse has her own way of dealing with these ever-present and always-different difficulties, and ways of managing households, friends and servants can not here be planned. The good nurse simply solves the problem, and there's an end to it.

The more difficult problems which custom has established and need to be overcome are the problems which need our united efforts to remedy. (a) If our *unlimited hours of duty* should be changed to a limited number of hours, whether the case be critical or convalescent, some of our time might be claimed by our *alumnæ* associations, some time applied to our own advancement and pleasure, and the inevitable rut in which the private nurse soon finds herself could be avoided.

The nurse who enters a private home as one of the family, needs more than anyone else, the contact of the outside world,—in books, in current events; in fact, instead of knowing a little of everything feels that she needs to know a great deal of everything.

(b) *Her rest during critical cases.* At present, conditions are such that when only one nurse is employed on a case she cannot secure a reasonable amount of rest and recreation. To be relieved six hours after a strenuous duty of eighteen or twenty-four hours is surely unjust, and all sympathizers in the profession feel the injustice but are helpless in the righting of it.

If the case is in a private home the nurse usually takes her six hour's rest in divided time, the family, and occasionally the physician, relieving her; this is not real rest, and relaxation is impossible.

On the other hand, if the case is in the hospital, the nurse is relieved for six hours of all responsibility, but the disturbance in *all* nurses' quarters is so great during the day that authorities are unable to insure her quiet rest and she has no time for fresh air.

Steps are being taken in at least one hospital in our city to secure the twelve-hour system for special nurses and thus give them abundant time for both rest and fresh air. When all superintendents of training-schools feel the need of such time for their graduates, the general public will soon see the need of the same rest and our regular hours may not be so very far distant.

Nursing is a business, and should be run on a business basis. For a specified sum of money we give an unlimited number of hours' work out of each twenty-four with our best efforts. Would it not be more to the point and more satisfactory to all parties concerned if with our best efforts a specified number of hours be given the patient?

(c) *The question of rest in convalescent cases* can usually be managed satisfactorily by the nurse. A systematic treatment of the case for the pleasure of the patient and convenience of the family and herself is not a difficult matter.

(d) The graduate nurse's apartments are not what she most desires, but what she can best afford. We find the mass of nurses in apartments without housekeeper or anyone to answer telephone when all nurses are out on cases. She must see that the apartment is cared for, the necessary bills paid, laundry must be looked after, and many other duties incident to good housekeeping. She must assume the responsibility of her apartments, because she must live at the minimum expense. If the pleasures of flat life did not far exceed the problems of the life there, all our nurses would probably be scattered in various boarding-houses with no place which could ever seem home-like, and would miss the frequent meeting with other nurses. We live most independently and inexpensively, and with a Central Registry to report whenever away from our apartments,

we feel that we are not so very far from "The Nurses' Club House," where our work may be carried on in more business-like methods.

(e) *A nurse's rest between cases* is often a very important matter, and too often she needs a rest, and the physician, pleased with her work on his previous cases, thinks the case may not be difficult and insists on her taking it. She does not want to inconvenience the physician and takes the case, too much tired out to care for the patient satisfactorily, and in the end needs to go away for a "long rest" which she cannot afford. Finally her general health is broken down and her calls diminish. Physicians are ready to employ the more rugged nurses.

If we manage our vacations and rest with our health always in mind, the ten-year limit put on the nurse's life will find us capable and well-preserved and ready for a second decade of work.

(f) *Remuneration.* The nurse who does considerable hospital work must find the difference in her pay while there a problem, especially if she is with a case a long time. While in a hospital her laundry bill is larger, her quiet rest is not assured, her meals are no better, and her pay is diminished \$5.00 each week. She does enjoy the mingling with other nurses and coming in touch with hospital cases, but should this cost her \$5.00 per week?

Furthermore, she often goes home with her patient for a few days, sometimes a few weeks, and must ask the regulation price (\$25.00 per week outside the hospital). She has less to do for her patient, has better food, and often more than the regulation two hours off duty, and for this she charges \$5.00 per week. It is invariably commented on by the patient, if not objecting to the extra charge the injustice of the reduced pay during the most critical time of the patient's illness. Such a case always places the nurse in an embarrassing position. She can only say that it is custom to charge a smaller fee for cases in hospitals, but this does not right the wrong, and should a nurse not have the same remuneration wherever a patient claims her time, whether in hospital, home or hotel? As a rule this difference in pay does not mean as much to the patient as to the nurse. With people of limited means we find the majority of nurses ever ready to *give* a portion of their time.

Enough has been said both of big and little difficulties. Many of them will soon be righted and our pleasures and profits far exceed our problems.